COPY OF PAPERS ORIGINALLY FILED

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

		Α	ttorney Docket Nun	nber	60,130-1303; 01MRA0194
	DESIGN	OR F	irst Named Inventor	,	Wurm, et al.
	BATENT ADDITION		COMPLE	TE IF	KNOWN
J	(37 CFR 1.63)	_A	Application Number		10 / 023,479
		F	iling Date	12/13	/2001
1	Submitted OR Submitted aft		Group Art Unit		
	with !nitial Filing (surcha Filing (37 CFR 1.16 Filing required)	(0))	Examiner Name		

As a below named inventor, I hereby declare that:									
My residence, mailing address, an	My residence, mailing address, and citizenship are as stated below next to my name.								
l believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD OF ASSEMBLING A DOOR									
	(7	Title of the Invention)							
the specification of which	·								
is attached hereto									
OR	[4-44-040-04	as United St	ates Application N	Number or PCT International					
was filed on (MM/DD/YYYY)	12/13/2001			(if applicable).					
Application Number 10/023,4	79 and was a	mended on (MM/DD/YY)	m) [(ii applicable).					
I hereby state that I have reviewed amended by any amendment spe	d and understand the co	ontents of the above iden ve.	itified specification	n, including the claims, as					
in-part applications, material infor	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	intemational applicatior also identified below.	n which designated at lear by checking the box, a	ast one country ot ny foreign applic	her than the United States of ation for patent or inventor's					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
030529.2	United Kingdom	12/14/2000							
	(GB)								
	` ,								
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers suppleme	al provisional application are listed on a ental priority data sheet 02B attached hereto.					

[Page 1 of 2]
Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box \longrightarrow + Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

	DECLARATIO)N — I	Utility	or D	esig	n Patent	Application			
		Customer Nu or Bar Code		26096		OR C	Correspondence address below			
	Name Anthony P. Cho									
	Address 400 W. Maple Road									
	Suite 350 Address									
	Birmingham City			Michigan z		48009 ZIP				
	United States		Telephon	e (248)	988-83	360	(248) 988-8363 Fax			
	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
, , , , , , , , , , , , , , , , , , ,	NAME OF SOLE OR FIRST INV	ENTOR:			A petition has been filed for this unsigned inventor					
11. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	Given Name Georg (first and middle [if any])					Family Name WURM or Surname				
. IL.II	Inventor's Signature	Lun			Date 28/01/02					
, J. H., H.	Residence: City Bad Homburg			State Co		Germany Country	Germany Citizenship			
1	Mailing Address Usinger Weg 38b, D-61350									
ful line	Mailing Address									
	City Bad Homburg	State		ZIP			Germany Country			
	NAME OF SECOND INVENTOR	:			A petiti	on has been file	ed for this unsigned inventor			
	Given Name (first and middle [if any])	Name DREWNIG	ок							
	Inventor's Page Control Signature						Date 23/10/102			
ı	Residence: City Frankfurt			State		Germany Country	Germany Citizenship			
-	Residence: City Frankfurt		Mailing Address Rodheimer Strasse 11, D-60385							
	Residence: City	11, D-6038	35							
	Residence: City	11, D-6038	35							
	Mailing Address Rodheimer Strasse	11, D-6038	35		ZIP		Country Germany			





Please type a plus sign (+) inside this box PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

Name of Additional Joint Inventor, if an	ıy:	A petition ha	as been filed for	this unsigned inventor			
Given Name (first and middle [if any]))	Family Name or Surname					
Harald		KOELLNER					
Inventor's Signature				Date			
Altenstadt Residence: City	State	Germany Country		Germany Citizenship			
Blutenweg 15, D-63674 Mailing Address							
Mailing Address							
Mailing Address City Altenstadt	State	ZIP	Count	Germany ry			
Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
Klaus Dieter	STRAUSS						
Inventor's Signature Wells Dieby Niccoll's				Date (56, 14, 260)			
Brounschweig Residence: City	State	Ger Country	many	Germany Citizenship			
Residence: City Brounschweig Mailing Address Mordendorfsweg 27, 38110							
Mailing Address							
Brounschweig City	State	ZIP	Co	Germany untry			
Name of Additional Joint Inventor, if ar	ıy:	☐ A petition has	been filed for th	s unsigned inventor			
Given Name (first and middle [if any])	I		Family Name	or Surname			
Ken		SCHANG					
Inventor's Signature				Date			
Residence: City	State	Ger Country	many 	Germany Citizenship			
Mailing Address							
Mailing Address		······································					
City	State	ZIP	c	Germany country			

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+ Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any	':	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Harald		KOELLNER				
Inventor's Signature		Date				
Altenstadt Residence: City	State	Germany Country	c	Germany itizenship		
Blutenweg 15, D-63674						
Mailing Address						
City Altenstadt	State	ZIP	Country	Germany		
Name of Additional Joint Inventor, if any	:	☐ A petition has been f	iled for this	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname				
Klaus Dieter		STRAUSS				
Inventor's Signature				Date		
Brounschweig Residence: City	State	Country Germany		Germany Citizenship		
Nordendorfsweg 27, 38110						
Mailing Address				_	i	
Brounschweig	State	ZIP	Cour	Germany		
City Name of Additional Joint Inventor, if any		☐ A petition has been fil				
Given Name (first and middle [if any])			nily Name o			
Kenneth w. M.		SCHANG	,			
Inventor's			· · · · · · · · · · · · · · · · · · ·	12/62/62		
Signature / W /W a				Date 12/93/92	SA,	
Residence: City Plymouth Ky	State MI	Country USA	Ken	Citizenship		
Mailing Address 46131 Academy	Drive	<u>aj</u>				
Mailing Address						
con Plymouth Kn	State MI	m 718 48170	Ky Co	untry USA p	5	

Burden Hour Statement: This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (11-09)
PTO/SB/02A (11-09)
Approved for use through 10/31/2003. OME 0651-0032
11.8. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwick Requestion Act of 1995, he receives are required to respond to a solicition of information unless it combines a valid OMB control mandor.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of _2_

Name of Additional Joint Inventor, If	any	/:		A pellion has been h	led for	this unalgned inventor		
Given Name (first and middle ii a	Given Name (first and middle [if any])				me or	Surname		
Armid ()			H	erwig				
Inventor's Signature		Date 60.06.200Z						
Residence: City Saumach		State		Germany Country		Cichenehip Germany		
Mailing Address Roderweg 24, 96148 7th								
Mailing Address AH								
ow Bannach		State		ZIP 96148 1	ount	y Germany		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle jir an	y))			Family Name or Surname				
Simon Blair				DOBSON				
inventor's Signature						Data		
Residence: City Kont		State	County United Kingdom			British Clazenskip		
Molling Address 5 The Corniche, Sandgute, B	Cent	CT20 3TA						
Mailing Address								
Kent		State		ZIP	Cour	United Kingdom		
Name of Additional Joint Inventor, if a	ıny:		D	A petition has been filed for	or this	unsigned inventor		
Given Name (tirst and middle (if any	10			Family N	ame o	г Sume me		
Rainer W.			GR	IMM				
inventor's Signature								
Frankfori - Residence: City		ata		Germany		Germany Citizenship		
Malling Address Sachsenbacuaer Landwehrweg 225, D-60599								
Malling Address								
City Frankfurt	56	nto		ZIP	Cot	Gurmany		

Surden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the sequent of time you are required to complete the form should be sent to the Sties Information Officer, U.S. Patent and Trademark Officer, Washington, DC 20231.

DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS ORIGINALLY FILED







Please type a plus sign (+) inside this box PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of _2_

Name of Additional Joint Inventor, if an	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]))		Family Name	or Su	ırname				
Arnd		HER	WIG						
Inventor's Signature					Date				
Gifhorn Residence: City	State		Germany Country		Germany Citizenship				
Beethovenstrasse 43, 38518 Mailing Address									
Mailing Address									
City Gifhorn	State		ZIP Co	ountry	Germany				
Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])) 1	Family Name or Surname							
Simon Blair	X	DOBSON							
Inventor's Signature					2 9 /1/02				
Residence: City Kent	State		United Kingdo	om	British Citizenship				
Mailing Address 5 The Corniche, Sandgate, Ke	nt CT20 3TA								
Mailing Address									
Kent City	State		ZIP	Cour	United Kingdom				
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed for	or this	unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname							
Rainer W.		GRIMM							
Inventor's Signature			Date						
Frankfurt Residence: City State			Germany Country		Germany Citizenship				
Mailing Address Sachsenhaeuser Landwehrwe	g 225, D-6059	9							
Mailing Address			4						
City Frankfurt	State		ZIP	Co	Germany untry				

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box	H	
---	---	--

PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of _2_

			-					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])		Family Name or Surname						
Arnd	НЕ	RWIG						
Inventor's Signature	_		Date					
Gifhorn Residence: City	State		Count	Germany ry		Germany Citizenship		
Beethovenstrasse 43, 38518 Mailing Address								
Mailing Address								
City Gifhorn	State		ZIP	c	ountr	Germany y		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])				Family Nam	e or Si	umame		
Simon Blair			DOBSON					
Inventor's Signature					!	Date		
Kent Residence: City	State)	Count	United Kingd	om	British Citizenship		
5 The Corniche, Sandgate, Ke	nt CT	20 3TA						
Mailing Address								
Kent City	Stat	e	ZIP		Cou	United Kingdom ntry		
Name of Additional Joint Inventor, if an	ıy:		A petiti	on has been filed f	or this	unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname					
Rainer W.	1	GR	IMM					
Inventor's Realiner Johns Date 2						Date 28/01/02		
Frankfurt Residence: City State			Germany Country			Germany Citizenship		
Mailing Address Sachsenhaeuser Landwehrweg	g 225,	D-60599						
Mailing Address								
City Frankfurt	State		ZIP		Co	Germany Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box +

PTO/SB/02A (11-00)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid QMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of _2_

								
Name of Additional Joint Inventor, if ar	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Nan	ne or S	urname				
Gregory	K	EYES						
Inventor's Signature				Date				
Birmingham Residence: City	State	United Kingo Country	lom	British Citizenship				
28 Inverclyde Road, Handswo	orth Wood							
Mailing Address								
City Birmingham	State	ZIP B20 2LJ	Countr	y United Kingdom				
Name of Additional Joint Inventor, if an	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname						
Patrick HOF								
Inventor's Signature				Date 29,01. 2002				
Residence: City Marburg	State	Germany Country		Germany Citizenship				
Mailing Address Eichgarten 14, D-35043								
Mailing Address								
Marburg City	State	ZIP	Cou	Germany ntry				
Name of Additional Joint Inventor, if ar	ıy: [A petition has been filed for this unsigned inventor						
. Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature				Date				
Residence: City	State	Country		Citizenship				
Mailing Address								
Mailing Address								
City	State	ZIP	Co	ountry				

Burden Hour Statement This form is estimated to take 21 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Name	Registration Number	Name	Registration Number
M. Lee Murrah	27,460		
M. Lee Murrah Theodore W. Olds John E. Carlson David J. Gaskey Kerrie A. Laba William S. Gottschalk David L. Wisz Karin H. Butchko John M. Siragusa Anthony P. Cho	27,460 33,080 37,794 37,139 42,777 44,130 46,350 45,864 46,174 47,209		

Burden Hour Statement This form is estimated to take 0.4 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231

